

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
TAKAYAMA	LINDA	CHU	(808) 545-3060
MAILING ADDRESS (Street)			FAX
P. O. BOX 1196			(808) 545-1182
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

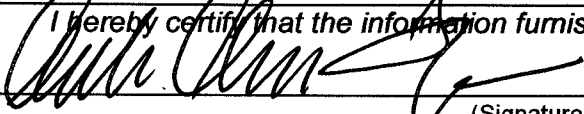
ABBOTT LABORATORIES		
MAILING ADDRESS (Street)		
1121 L STREET, SUITE 407		
(City)	(State)	(Zip Code)
SACRAMENTO	CALIFORNIA	95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
BARBARA ORTEGA		(916) 443-7464
MAILING ADDRESS (Street)		FAX
1121 L STREET, SUITE 407		
(City)	(State)	(Zip Code)
SACRAMENTO	CALIFORNIA	95814

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

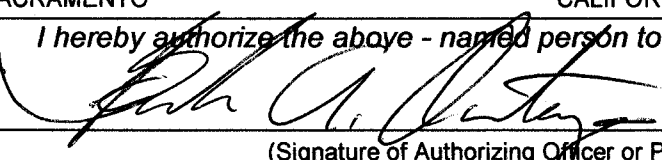
**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

 12/23/02

(Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
BARBARA ORTEGA			
NAME OF ORGANIZATION (if applicable) ABBOTT LABORATORIES		TELEPHONE (916) 443-7464	
MAILING ADDRESS (Street)		FAX	
1121 L STREET, SUITE 407			
(City)	(State)	(Zip Code)	
SACRAMENTO	CALIFORNIA	95814	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		12-16-02	
(Signature of Authorizing Officer or Person Represented)		(Date)	